



CITY OF DUBLIN SENIOR CENTER VOLUNTEER APPLICATION

7600 Amador Valley Blvd.
Dublin, CA 94568
(925) 556-4511

Last Name:

First Name:

M:

Present Street Address:

City:

State:

Zip Code:

Home Telephone Number:

()

Work Telephone Number

()

Pager or Cell Number

()

E-mail Address

Education: Please Indicate the Highest Grade Completed
Grammar School High School College Graduate

1 2 3 4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

You must be a citizen of the U.S.A. or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation prior to placement?

Yes

No

How did you hear about us? _____

What do you hope to gain from your volunteer experience with us? _____

Are there any physical conditions we should consider in arranging volunteer assignments for you? Yes No

If Yes, please specify _____

What type of commitment (in terms of months) could you give us? _____

Date volunteer service hours must be completed? _____

Is this a requirement? School Credit Court C.S. Other _____ No

Please indicate the days and times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
(CLOSED)						(CLOSED)	

If you are able to speak fluently, or read or write any language other than English, please list the language (s):

Speak Fluently: _____ Read: _____ Write: _____

Speak Fluently: _____ Read: _____ Write: _____

Do you have a State of CA driver's licence? Yes No

DRIVERS LICENSE # _____ Place of Birth _____

Have you ever been convicted of a felony? Yes No

Have you ever been fired or forced to resign from previous volunteer appointment or employment?

(If yes, please explain) _____

Please check the area(s) and type(s) of volunteer work that interests you:

Clerical/Office

Phone Receptionist
Computer/Programs
Filing/Typing
Fliers/Graphics
Cash Register

Other _____

Marketing/Communication

Greeter/Resource/Referral
Contacting Community Groups
Journalism/Research
Foreign Language
Photography

Activities/Events

Instructor
Decorations
Kitchen/Dishwasher
Helping Serve Meals
Entertainment
Set Up/Take Down

Drivers

Peer
Class B
Task

Personal Skills to Use or Teach:

Gardening
Entertainment
Exercise
Crafts

Other _____

Drawing
Dance
Tour Guide

Painting
Musical Instrument
Cooking/Baking

Sewing

Computer
Handyman Repairs
Cultural Activities

REFERENCES— Provide 2 personal or professional references (PLEASE EXCLUDE RELATIVES)

Name: _____ Relationship: _____ Years acquainted: _____

Phone: _____ Best time to reach: _____ Email: _____

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Phone: _____ Best time to reach: _____ Email: _____

EMERGENCY CONTACT

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement of information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if I accept as a volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin Senior Center.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____
(If under 18 years of age)